



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention

# Material Shipping Record & Log

For the shipment of contaminated soil, urban fill, and dredge  
materials not subject to management under section 310 CMR 40.0035  
nor manifesting under 310 CMR 30.000

Tracking Number \_\_\_\_\_

## A. Location Information

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Provide the following information on the location where the waste was generated:

Release name (optional) \_\_\_\_\_

Street \_\_\_\_\_

Location aid \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

2. Date/Period of generation: \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

3. U.S. EPA ID number: \_\_\_\_\_

4. 21E release: \_\_\_\_\_

☐ Yes

☐ No

5. List additional tracking documents associated with this document:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important:**

This form is not to be used for the shipment of remediation wastes subject to management under section 310 CMR 40.0035 of the Massachusetts Contingency Plan nor is it to be used in lieu of a hazardous waste manifest for hazardous waste or recyclable materials subject to the Massachusetts Hazardous Waste Regulations 310 CMR 30.000.

## B. Generator Information

1. Provide the following generator information:

Name of organization \_\_\_\_\_

Contact name \_\_\_\_\_

Title \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Telephone number(including extension) \_\_\_\_\_

## C. Owner and/or Operator Information

1. If the owner and/or operator is different from the generator as indicated in Section B, provide the following information:

Check applicable: ☐ owner ☐ operator

Name of organization \_\_\_\_\_

Contact name \_\_\_\_\_

Title \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_

Ext. \_\_\_\_\_



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### D. Transporter/Common Carrier Information

1. Provide the following information:

\_\_\_\_\_  
Transporter/Common carrier name

\_\_\_\_\_  
Hazardous waste license number (if applicable)

\_\_\_\_\_  
Licensing state (if applicable)

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Ext.

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### E. Receiving Facility Information

1. Provide the following information on the receiving facility:

\_\_\_\_\_  
Operator/Facility name

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Ext.

2. Type of facility:

- ☐ asphalt batch/cold mix  
☐ asphalt batch/hot mix  
☐ landfill/disposal  
☐ landfill/ daily cover  
☐ thermal processing  
☐ landfill/structural fill  
☐ other(specify): \_\_\_\_\_

3. Permit number: \_\_\_\_\_



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### F. Description of Material

Check all that apply:

1. a. ☐ soil ☐ dredge material ☐ fill

b. Description: \_\_\_\_\_

c. Classification: ☐ MIT ☐ USDA ☐ USAEC ☐ ASEE

2. ☐ Other(describe): \_\_\_\_\_

3. Type of contamination:

a. ☐ gasoline ☐ diesel fuel ☐ #2 oil ☐ #4 oil  
☐ #6 oil ☐ waste oil ☐ kerosene ☐ jet fuel

b. ☐ Debris:

☐ demolition ☐ vegetative ☐ inorganic

c. ☐ Other(describe): \_\_\_\_\_

4. Constituents of concern (check all that apply):

<input type="checkbox"/> As	<input type="checkbox"/> HVOCs
<input type="checkbox"/> Cd	<input type="checkbox"/> PATH
<input type="checkbox"/> Cr	<input type="checkbox"/> VOCs
<input type="checkbox"/> Pb	<input type="checkbox"/> PAHs
<input type="checkbox"/> Hg	<input type="checkbox"/> BNAs
<input type="checkbox"/> Na	<input type="checkbox"/> TPH
<input type="checkbox"/> PCBs	<input type="checkbox"/> Other(describe): _____

5. Analyses performed (check all that apply):

<input type="checkbox"/> As	<input type="checkbox"/> PATH
<input type="checkbox"/> Cd	<input type="checkbox"/> VOCs
<input type="checkbox"/> Cr	<input type="checkbox"/> PAHs
<input type="checkbox"/> Pb	<input type="checkbox"/> BNAs
<input type="checkbox"/> Hg	<input type="checkbox"/> TPH
<input type="checkbox"/> Na	<input type="checkbox"/> TCLP (inorganic)
<input type="checkbox"/> PCBs	<input type="checkbox"/> TCLP (organic)
<input type="checkbox"/> HVOCs	<input type="checkbox"/> Other(describe): _____

6. Screening performed:

\_\_\_\_\_  
Type

\_\_\_\_\_  
Instrument used

\_\_\_\_\_  
Constituents



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### F. Description of Material (cont.)

7. Estimated volume of materials:

\_\_\_\_\_ Cubic yards

\_\_\_\_\_ Tons

\_\_\_\_\_ Other(specify units)

8. Contaminant source (check one):

☐ transportation accident

☐ lost

☐ other(describe): \_\_\_\_\_

9. Indicate which waste characterization support documentation is attached:

☐ site history information

☐ sampling and analytical methods/procedure

☐ laboratory data

☐ field screening data

If supporting documentation is not appended, provide an attachment stating the date and in connection with what document such information was previously submitted to the facility.

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### G. Qualified Environmental Professional Opinion

"I have personally examined and am familiar with the information contained on and submitted with this form. Based on this information, it is my opinion that the testing and assessment actions undertaken were adequate to characterize the waste, and that the facility or location can accept wastes with the characteristics described in this submittal. I am aware that significant penalties including, but not limited to, possible fines and imprisonment may result if I willfully submit information which I know to be false, inaccurate, or materially incomplete."

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Name of professional

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Ext.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License number

\_\_\_\_\_  
Seal:



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## **H. Certification of Generator**

"I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information contained herein is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(print)

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## **I. Acknowledgment of Receipt by Receiving Facility**

\_\_\_\_\_  
Receiving facility

\_\_\_\_\_  
Representative (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## J. Load Information

**Note:**  
Make additional  
copies of this page  
as necessary.

Load#: \_\_\_\_\_

Signature of transporter \_\_\_\_\_

Receiving facility \_\_\_\_\_

Date received \_\_\_\_\_

Time received \_\_\_\_\_

Date of shipment \_\_\_\_\_

Time of shipment \_\_\_\_\_

Truck/Tractor registration \_\_\_\_\_

Trailer registration \_\_\_\_\_

Load size (cubic yards/tons) \_\_\_\_\_

Load#: \_\_\_\_\_

Signature of transporter \_\_\_\_\_

Receiving facility \_\_\_\_\_

Date received \_\_\_\_\_

Time received \_\_\_\_\_

Date of shipment \_\_\_\_\_

Time of shipment \_\_\_\_\_

Truck/Tractor registration \_\_\_\_\_

Trailer registration \_\_\_\_\_

Load size (cubic yards/tons) \_\_\_\_\_

Load#: \_\_\_\_\_

Signature of transporter \_\_\_\_\_

Receiving facility \_\_\_\_\_

Date received \_\_\_\_\_

Time received \_\_\_\_\_

Date of shipment \_\_\_\_\_

Time of shipment \_\_\_\_\_

Truck/Tractor registration \_\_\_\_\_

Trailer registration \_\_\_\_\_

Load size (cubic yards/tons) \_\_\_\_\_

## K. Log Sheet Volume Information

Total volume this page (cubic yards/tons) \_\_\_\_\_

Total carried forward (cubic yards/tons) \_\_\_\_\_

Total carried forward and this page (cubic yards/tons) \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_